




Pedal Power Insurance Application

	<p>Effectuated with certain Lloyd's Underwriters "The insurer" through OASIS Outdoor Adventure & Sport Insurance Solutions Inc 10020 12th Ave, North Battleford SK, S9A 3A4 Phone: 866-979-2747 Fax: 866-488-6122 E-mail: natasha@oasisinsurance.ca</p>
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Broker:	Phone #:	Producer:
Name:		
Mailing Address:	City:	Province: Postal Code:
Home Phone:	Work:	Fax: E-mail:
Effective Date:	mm/dd/yyyy	Expiry Date: mm/dd/yyyy

1. Do you have a current valid membership with any of the following organizations? IMBA Canada Canadian Cycling Association
If so, name of club and membership # _____
2. What is the Normal Area of Use? _____
3. Where is the unit normally stored and what precautions are taken? _____
4. Previous Insurer: _____ Policy Number: _____
5. Do you participate in competitive events? Yes No
6. Does the operator suffer from any illness, medical condition, or mental or physical disability which might affect the safe operation of the unit? Yes No

	Year	Make & Model	Serial #	New/ Used
1.				
2.				
3.				
4.				

Description of components (if applicable)

Unit #		\$
		\$
		\$
Unit #		\$
		\$
		\$
Unit #		\$
		\$
		\$
Unit #		\$
		\$
		\$

Lienholder Name: _____
Address: _____ Province: _____ Postal Code: _____

PLEASE CHECK COVERAGE REQUIRED

UNIT #1				
Third Party Liability <input type="checkbox"/> \$1,000,000 Liability \$ _____	Personal Accident Enhanced <input type="checkbox"/> \$ _____ Basic <input type="checkbox"/> \$ _____		Physical Damage <input type="checkbox"/> All Perils \$ _____	Endorsements Competitive Event Extension <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Unit #1 Premium: \$				
UNIT #2				
Third Party Liability <input type="checkbox"/> \$1,000,000 Liability \$ _____	Personal Accident Enhanced <input type="checkbox"/> \$ _____ Basic <input type="checkbox"/> \$ _____		Physical Damage <input type="checkbox"/> All Perils \$ _____	Endorsements Competitive Event Extension <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Unit #2 Premium: \$				
UNIT #3				
Third Party Liability <input type="checkbox"/> \$1,000,000 Liability \$ _____	Personal Accident Enhanced <input type="checkbox"/> \$ _____ Basic <input type="checkbox"/> \$ _____		Physical Damage <input type="checkbox"/> All Perils \$ _____	Endorsements Competitive Event Extension <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Unit #3 Premium: \$				
UNIT #4				
Third Party Liability <input type="checkbox"/> \$1,000,000 Liability \$ _____	Personal Accident Enhanced <input type="checkbox"/> \$ _____ Basic <input type="checkbox"/> \$ _____		Physical Damage <input type="checkbox"/> All Perils \$ _____	Endorsements Competitive Event Extension <input type="checkbox"/> Yes <input type="checkbox"/> No \$
Unit #4 Premium: \$				
(Earned at a rate of 25% per month and subject to a \$100 Minimum and Retained Premium per Unit)				Estimated Policy Premium: \$

The insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. Total Estimated Premium is Subject to Adjustment. Where (a) an Applicant for a contract (i) gives false particulars of the described vehicle to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

DECLARATION:

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy provided through certain Lloyd's Underwriters at Lloyd's. I acknowledge that if, at the time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: By purchasing insurance from certain Underwriters at Lloyd's, London ("Lloyd's"), a customer provides Lloyd's with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- The communication with Lloyd's policy holders
- The underwriting of policies
- The evaluation of claims
- The detection and prevention of fraud
- The analysis of business results
- Purposes required or authorised by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataries, and to certain non-related or unaffiliated organisations or companies.

Further information about Lloyd's personal information protection policy may be obtained from the customer's broker or by contacting Lloyd's on 514 861 8361 or through info@lloyds.ca